

# Arizona Family Literacy

## Enrolled Parent Intake Form

Program Year 2003-2004

Program:

Site:

<b>Name</b>	First	MI	Last	<b>SSN#</b>				
<b>Current Information</b>				<b>Permanent Contact Information</b>				
<b>Street Address Line 1</b>				<b>Name</b>				
<b>Address Line 2</b>				<b>Address Line 1</b>				
<b>City/St/Zip</b>				<b>Address Line 2</b>				
<b>Phone</b>	(      )			<b>City/St/Zip</b>				
<b>Phone</b>	(      )			<b>Phone</b>	(      )			
<b>Date of Birth</b>	M	D	Y	<b>Gender</b>	M F	<b>Ethnic Group [Mark One]</b>	<input type="checkbox"/> Am.Indian/Alaskan Native	<input type="checkbox"/> Black or African - American
							<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic or Latino
							<input type="checkbox"/> Nat. Hawaiian/Pac. Islander	<input type="checkbox"/> White
							<b>Native Language</b> _____ / <b>Years in USA</b> _____	
<b>Signed Release</b>		Y N		<b>Registered Date</b>		<b>Education Completed</b> _____		
<b>Name of Probation or Parole Officer:</b> _____ <b>Phone:</b> _____								
<b>Initial Placement (Circle one per appropriate category)</b>						<b>Referral</b>		
<b>READING</b>				<b>SCALED SCORES</b>		<b>ORAL - BEST</b>		
ABE: Pre-Lit I II III		7 8		Reading: _____		ESOL: Pre-Lit		
ASE: I II		E M D A		G.E. _____		I II III IV V		
<b>MATH</b>				<b>Math:</b> _____		<b>LITERACY</b>		
ABE: Pre-Lit I II III		7 8		G.E. _____		ESOL: Pre-Lit		
ASE: I II		E M D A				I II III IV		
<b>LANGUAGE</b>				<b>Language:</b> _____		<b>Oral:</b> _____		
ABE: Pre-Lit I II III		7 8		G.E. _____		<b>Literacy:</b> _____		
ASE: I II		E M D A						
<b>ENTRY STATUS</b> (Mark as many as apply)	<input type="checkbox"/> Adult w/ Disability			<input type="checkbox"/> In Community Correctional Program				
	<input type="checkbox"/> Employed Adult			<input type="checkbox"/> In Other Institutional Settings				
	<input type="checkbox"/> Unemployed Adult			<input type="checkbox"/> Low Income Status				
	<input type="checkbox"/> COP Program			<input type="checkbox"/> In Program for Displaced Homemakers				
	<input type="checkbox"/> Adult not in Labor Force			<input type="checkbox"/> Single Parent				
	<input type="checkbox"/> Adult on Public Assistance			<input type="checkbox"/> Dislocated Worker				
	<input type="checkbox"/> In Family Literacy Program			<input type="checkbox"/> Adult with Learning Disability				
	<input type="checkbox"/> In Workplace Literacy Program			<input type="checkbox"/> In Skills Improvement Program				
	<input type="checkbox"/> In Program for the Homeless			<input type="checkbox"/> DES Participant				
	<input type="checkbox"/> In Correctional Facility			<input type="checkbox"/> Job Training Participant				
<b>Federal Core Main Goal</b> (Mark only one)	<input type="checkbox"/> Educational Gains			<b>Federal Core Secondary Goal</b> (Mark only one)	<input type="checkbox"/> Educational Gains			
	<input type="checkbox"/> Enter Employment				<input type="checkbox"/> Enter Employment			
	<input type="checkbox"/> Retain/Improve Employment				<input type="checkbox"/> Retain/Improve Employment			
	<input type="checkbox"/> Receipt of a Secondary School Diploma or GED				<input type="checkbox"/> Receipt of a Secondary School Diploma or GED			
	<input type="checkbox"/> Placement in Post Secondary Education or Training				<input type="checkbox"/> Placement in Post Secondary Education or Training			
<input type="checkbox"/> Federal Core Main Goal was Achieved				<input type="checkbox"/> Federal Core Secondary Goal was Achieved				

Other Federal/State Goals	Declared	Achieved
Reduce Receipt of Public Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Achieve Citizenship Skills	<input type="checkbox"/>	<input type="checkbox"/>
Register to Vote or Vote for First Time	<input type="checkbox"/>	<input type="checkbox"/>
Increase Involvement in Community Affairs	<input type="checkbox"/>	<input type="checkbox"/>
Increase Involvement in Children's Education	<input type="checkbox"/>	<input type="checkbox"/>
Increase Involvement in Children's Literacy Activities	<input type="checkbox"/>	<input type="checkbox"/>
Complete Work-based Learner Project	<input type="checkbox"/>	<input type="checkbox"/>
( State Goal )Achieve Appropriate Literacy Based Computer Skills		<input type="checkbox"/>
Other Goal(s)		<input type="checkbox"/>

Date Left after Achieving Goal or Completing Level	
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Reason(s) for Separation	
<input type="checkbox"/> Class Ended	<input type="checkbox"/> Dissatisfied with Instructor
<input type="checkbox"/> Illness/Incapacity	<input type="checkbox"/> Program Didn't Satisfy Personal Goals
<input type="checkbox"/> Lack of Transportation	<input type="checkbox"/> Not Satisfied with Program
<input type="checkbox"/> Family Problems	<input type="checkbox"/> Moved
<input type="checkbox"/> Time or location of Services	<input type="checkbox"/> Entered Employment
<input type="checkbox"/> Lack of Interest	<input type="checkbox"/> Entered other Education or Training Program
<input type="checkbox"/> Instruction Not Helpful	<input type="checkbox"/> Unable to Contact
Date Separated	

## Family/Child Information

Program Start Date: \_\_\_\_\_ ESOL \_\_\_\_\_ ABE \_\_\_\_\_ Blended \_\_\_\_\_

### Eligible

#### Parent:

\_\_\_\_\_ Has a three or four year-old child; \_\_\_\_\_ Has an Infant/Toddler or  
 \_\_\_\_\_ Has a school-aged child  
 \_\_\_\_\_ Lacks mastery of basic educational or English Language  
 skills or lacks a high school diploma or equivalent  
 \_\_\_\_\_ Is a citizen or legal resident of U.S. or is lawfully present

#### Children:

(Place a Z in front of the participating child)

First Name	Last Name	SS#	Gender	Birth Date	Age
			M F		
			M F		
			M F		
			M F		
			M F		
			M F		

## **Family Information:**

Which phrase best describes your family?

\_\_\_\_\_ Couple with children \_\_\_\_\_ Single parent with children \_\_\_\_\_ extended family (other adults)

What is the primary language spoken in the home? \_\_\_\_\_

What is the highest grade the enrolled adult completed in school? \_\_\_\_\_

What are your educational goals? \_\_\_\_\_

## **Income:**

Please check **all** sources of financial support for the family?

\_\_\_\_\_ wages \_\_\_\_\_ government assistance \_\_\_\_\_ alimony/child support \_\_\_\_\_ disability \_\_\_\_\_ other

What is your annual family income?

\_\_\_\_\_ Under \$5,000      \_\_\_\_\_ \$5,000-\$10,000      \_\_\_\_\_ \$10,000-\$15,000  
\_\_\_\_\_ \$15,000-\$20,000      \_\_\_\_\_ \$20,000-\$25,000      \_\_\_\_\_ more than \$25,000

## **Services Received:**

What social or educational services have you participated in?

_____ Welfare services (TANF/AFDC)	_____ GED preparation
_____ Vocational rehabilitation	_____ Vocational education
_____ Adult basic education (0-4)	_____ Another educational program (college?)
_____ Adult basic education (5-8)	_____ Employment training
_____ Adult secondary ed (9-12)	_____ WIC
_____ ESOL	_____ Food stamps

Which of these services are you currently using? \_\_\_\_\_

If you receive TANF, is it for: \_\_\_\_\_ you and your children or  
\_\_\_\_\_ only your children?

If you receive TANF, have you been JOBS referred?    Yes    No

Date applied for DES Child Care: \_\_\_\_\_

## **Addition Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Intake given by: \_\_\_\_\_ Date: \_\_\_\_\_